

3. Drawing up a care plan

- If you wish to use long-term care insurance, you and a care manager should first prepare a care plan, which is a combination of several types of services put together in accordance with your need for care or support for an independent daily life.

[Those certified as a care level of 1, 2, 3, 4 or 5]

Those certified as a care level 1, 2, 3, 4 or 5 should request a care manager at the in-home care management office to draw up a care plan for them. You can also devise your own care plan.

[Those certified as a support level of 1 or 2]

Those certified as a support level of 1 or 2 should request comprehensive community support center to draw up a care plan for them. (*For further details, see page 21.) You can also devise your own care plan.

- The upper limit of the cost of service covered by the long-term care insurance (“limit to benefits”) differs depending on the level of care or support certified. (*See page 10 for the limit to benefits.)
- If you wish to enter a facility, apply to the facility you want, and devise a care plan at the facility entered.



4. Using the service

- You use the service by signing a contract with a service provider on the basis of the care plan.
- When you sign this contract, carefully check the service hours, charges, contract clauses, cancellation procedures, settlement of complaints, and other related matters.
- Users pay 10% (20% or 30% where a predetermined income level is exceeded) of the care service expense. However, users must pay any extra expense exceeding the maximum payout. (* See page 10 for expense associated with use of services).
- In some cases, those who have not been certified for care or support may use the services offered as community support services to help with day-to-day life. For further details, contact your nearest comprehensive community support center.

Instead of the goal being the use of services, our goal should be how to use a service to create the right lifestyle for the individual.